Well Construction Report
WISCONSIN UNIQUE WELL NUMBER

State of Wisconsin — Private Water Systems-DG/2 Form 3300-77A
Department of Natural Resources, Box 7921 (R 12/2000)
Madison, WI 53707

Property Owner | Telephone Number ( )

Mailing Address

City | State | Zip Code

County of Well Location | Co. Well Permit No. W | Well Completion Date (mm/dd/yyyy) __/__/____

Well Constructor (Business Name) | License #

Address

City | State | Zip Code

Facility ID Number (Public Wells) 0

Public Well Plan Approval # W-

Date of Approval (mm/dd/yyyy) __/__/____

Hicap Permanent Well # | Common Well # | Specific Capacity gpm/ft

1. Well Location
☐ Town ☐ City ☐ Village of | Fire # (If avail.)

Grid or Street Address or Road Name and Number

Subdivision Name | Lot # | Block #

Gov't Lot # _____ or _____ 1/4 of _____ 1/4 of
Section _____, T _____ N; R _____ ☐ E ☐ W

Latitude Deg. _____ Min. _____ Sec. _____

Longitude Deg. _____ Min. _____ Sec. _____

Lat/Long Method

2. Well Type ☐ New ☐ Replacement ☐ Reconstruction (see item 12 below)
of previous unique well # _____ constructed in _____
Reason for replaced or reconstructed well?

☐ Drilled ☐ Driven Point ☐ Jetted ☐ Other

3. Well serves _____ # of homes and or _____
(Eg: barn, restaurant, church, school, industry, etc.)

High Capacity:
Well? ☐ Yes ☐ No
Property? ☐ Yes ☐ No

4. Is the well located upslope or sideslope and not downslope from any contamination sources, including those on neighboring properties? ☐ Yes ☐ No If no, explain on back side.
Well located in floodplain? ☐ Yes ☐ No
Distance in Feet From Well To Nearest: (include proposed)

_____ 1. Landfill
_____ 2. Building Overhang
_____ 3. Septic ☐ Holding Tank ☐
_____ 4. Sewage Absorption Unit
_____ 5. Nonconforming Pit
_____ 6. Buried Home Heating Oil Tank
_____ 7. Buried Petroleum Tank
_____ 8. Shoreline ☐ Swimming Pool ☐
_____ 9. Downspout/Yard Hydrant
_____ 10. Privy
_____ 11. Foundation Drain to Clearwater
_____ 12. Foundation Drain to Sewer
_____ 13. Building Drain ☐ Cast Iron or Plastic ☐ Other
_____ 14. Building Sewer ☐ Gravity ☐ Pressure ☐ Cast Iron or Plastic ☐ Other
_____ 15. Collector Sewer: ___units _____in. diameter
_____ 16. Clearwater Sump
_____ 17. Wastewater Sump
_____ 18. Paved Animal Barn Pen
_____ 19. Animal Yard or Shelter
_____ 20. Silo
_____ 21. Barn Gutter
_____ 22. Manure Pipe ☐ Gravity ☐ Pressure ☐ Cast Iron or Plastic ☐ Other
_____ 23. Other Manure Storage _____
_____ 24. Ditch
_____ 25. Other NR 812 Waste Source

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
	surface	

Upper Enlarged Drillhole / Lower Open Bedrock
☐ 1. Rotary - Mud Circulation
☐ 2. Rotary - Air
☐ 3. Rotary - Air and Foam
☐ 4. Drill-Through Casing Hammer
☐ 5. Reverse Rotary
☐ 6. Cable-tool Bit _____ in. dia.
☐ 7. Temp. Outer Casing _____ in. dia.
Removed? _____ depth ft.
☐ Yes ☐ No - If no, explain on back side.

6. Casing, Liner, Screen Material, Weight, Specification Manufacturer & Method of Assembly

Dia. (in.)		From (ft.)	To (ft.)
		surface	
Dia. (in.)	screen type, material & slot size	From	To

7. Grout or Other Sealing Material
Method _____

Kind of Sealing Material	From (ft.)	To (ft.)	# Sacks Cement
	surface		
(Gravel pack if applicable)			

8. Geology Codes

Geology Type, Caving/Noncaving, Color, Hardness, Etc.	From (ft.)	To (ft.)
	surface	

9. Static Water Level
_____ ft. above ground surface
_____ ft. below ground surface

10. Pump Test
Pumping Level _____ ft. below surface
Pumping at _____ GPM for _____ hours

11. Well Is:
_____ in. ☐ Above ☐ Below Grade
Developed? ☐ Yes ☐ No
Disinfected? ☐ Yes ☐ No
Capped? ☐ Yes ☐ No

12. Did you notify the owner of the need to permanently abandon and fill all unused wells on this property?
☐ Yes ☐ No If no, explain _____

13. Signature of Well Constructor or Supervisory Driller | Date Signed

Signature of Drill Rig Operator (Mandatory unless same as above) | Date Signed

Make additional comments on reverse side about geology, additional screens, water quality, etc.
Comments on reverse side _____ (CHECK √, IF YES) Variance Issued ☐ Yes ☐ No

DNR

Drinking Water Well Construction Form

INSTRUCTIONS FOR COMPLETING THIS COMBINED FORM

NOTICE: Section NR 812.22, Wis. Adm. Code, requires that all new or reconstructed wells be tested for bacteriological safety and a well construction report be completed by the well constructor. Copies of the test results and the well construction report shall be submitted to the Department and a copy provided to the well owner within 30 days after water testing and well construction.

This form must be completed for every well constructed (drilled or driven point). Type or print very hard, and legibly, with a black ink ballpoint pen on a firm surface. Also, please use decimals instead of fractions. The following instructions are to help you complete the form.

Completion of this form is mandatory. This form is authorized by ss. 280.1 I (1) and 281.19(l), Wis. Stats., and chs. NR 812 and NR 146, Wis. Adm. Code. Penalties for failure of the well constructor to submit a completed form to the Department is punishable by a forfeiture of not less than $10 or more than $5,000.00; or by fines of not less than $10 or more than $100 or imprisonment not less than 30 days or both; or license suspension or revocation. Each day of continued violation is a separate offense (ss. 280.97 and 299.97, Wis. Stats.) Personally identifiable information on this form will be used for sending job-related materials, well labels and directing the water supply program. The Department plans to make the information on this form available electronically on the Internet.

FIRST WATER QUALITY TEST

Keep the water quality test slip attached until you have filled out the requested information above the "STOP" line. Then remove the slip and complete the unshaded areas. In counties where a well permit is required, be sure to enter the County Well Permit number. The test explanations and sampling directions are on the back of the water quality test slip. DO NOT use this slip for follow-up water quality testing. Request an individual test slip and bottle from any certified water bacti lab that will report the test results to the department.

WELL CONSTRUCTION REPORT

Property Owner: Enter the last name, a coma, followed by the first name. If there is no person and it is a business or facility, enter the full business or facility name.

ITEM 1. Well Location: Include street addresses and, if the property is in a subdivision, the lot and block numbers. The location information can be obtained from a plat book, GPS unit, topographic quadrangle sheet, or local government official. Enter at least one of the two following types of location coordinates: Public Land Survey coordinate (Township, Range, Range Direction, Section, Quarter Section, and Quarter Quarter Section) OR a Latitude and Longitude (Degrees, Minutes, and Seconds) coordinate. If Latitude and Longitude are entered, the Lat/Long Method must be entered. This field represents the method which the coordinate was collected (see description of Lat/Long Method field on the backside).

ITEM 2. Well Type, Reason for Construction: Replacement means replacement of an existing well; Reconstructed means modification of an existing well by deepening, lining, underreaming, hydrofacturing, blasting or screen replacement. Some reasons for well construction include new home, gasoline or bacteriological contamination in old well, old well went dry, sand pumping well and plugged screen.

ITEM 3. Enter the number of homes the well serves and/or list any additional facilities the well serves. A high capacity well is one in which the pumping capacity of the well is equal to or greater than 70 gallons per minute. A high capacity property is one in which the total pumping capacity of all wells on the property is equal to or greater than 70 gallons per minute.

ITEM 4. Mark if the well is located upslope or sideslope and not downslope from any contamination sources, including those on neighboring properties. Explain on the reverse if the well is downslope. Indicate if the well is in a floodplain. Also, indicate the distances in feet, between the well and nearest contamination sources on the property and any adjacent neighboring properties. See Table A in the Private Well Code (NR 812) for a list of contamination sources and the minimum location distances. Check DNR landfill list for information on landfills in the area near the well.

ITEM 5. If construction method was used other than those listed, explain method on back of form.

ITEM 6. Enter the diameter of the casing, liner and/or screen. Describe the material, weight specifications, list the manufacturer, method of assembly and enter the depth information. Describe the screen type, material, slot size and depth information, if a screen is installed.

ITEM 9. Static Water Level: Report the depth to water below ground surface, as measured in feet. For flowing wells, static water level is measured in feet of head above ground surface.

ITEM 11. Indicate height of casing above the ground. Indicate if the well was developed (pumped, bailed or surged) to remove sand and other particles, and disinfected with a mixture of bleach and water. The well must also be covered with an approved vermin proof cap sealed at the top to prevent entry of contaminants.

ITEM 12. All unused, noncomplying or unsafe wells must be properly filled to protect drinking water and groundwater quality. Cement grout, concrete, or bentonite chips are allowed as fill material although chipped bentonite is allowed for wells of certain depths and diameters. For more information on well abandonment, see publication DG-016 98rev, "Well Abandonment." Please indicate the status of the old well and whether or not it was properly abandoned and filled.

ITEM 13. Signature: Sign your name and the date in the well constructor box.

FOR DRIVEN POINT WELLS: Complete items 1, 2, 3, 4, 5, 6, 9, 11, 12 and 13 on the form. For more information refer to the brochure entitled "You and Your Well" or contact your DNR region office.

Send the copies of the well construction reports to the party indicated on the bottom of each copy.

Selected Data Field Descriptions Listed by Form Section.

Item 1:
Lat/Long Method: This field lists standard horizontal data collection method codes for data collected in latitude and longitude coordinates. This field must be entered if a latitude/longitude coordinate is entered. The field only applies to data collected in latitude/longitude coordinates. These codes were created by the Wisconsin DNR.

GPS006 - Mapping or recreational grade GPS receiver with no differential correction and selective availability off
GPS007 - Mapping or recreational grade GPS receiver with no differential correction and selective availability on
GPS008 - GPS receiver grade and/or differential correction procedures unknown
LOR001 - Loran C radio receiver
MLT001 - Multiple locational data collection methods used for one feature
OTH001 - Other locational data collection method
PAR001 - Interpreted from parcel description
SCR001 - Digitized on screen: feature published/visible on digital orthophoto
SCR002 - Digitized on screen: feature interpreted from digital orthophoto
SCR003 - Digitized on screen: feature published/visible on USGS 7.5-minute digital raster graphic
SCR004 - Digitized on screen: feature interpreted from USGS 7.5-minute digital raster graphic
UNK001 - Unknown/guess
VRT001 - Topographic map interpolation: feature altitude or depth published/visible on source map
VRT002 - Topographic map interpolation: feature altitude or depth interpolated from source map

This list is not a full selection of available Lat/Long collection method codes. The complete listing is available in the DNR Locational Data Standards document.

Item 8:
Geology Codes: These codes represent a method of coding color, texture, primary and secondary lithology for the borehole's geologic section. The fields are 1 character in size with each position representing a corresponding column. A selection must be made for Primary Lithology. Two examples are: a red "rotten" granite with no secondary lithology would be RDQ-; a tan sandy glacial outwash would be T-OS (- used to represent a blank column).

Color	Texture	Primary Lithology	Secondary Lithology
T = Tan/Brown	F = Fractured	S = Sand	S = Sandy
K = Black	B = Broken	M = Silt	M = Silty
U = Blue	C = Cavernous	C = Clay	C = Clayey
G = Gray	D = Decomposed/ Weathered	G = Gravel/Cobbles/ Boulders/Stones	G = w/Gravel/Cobbles/ Boulders/Stones
O = Orange	H = Hard/Firm	P = Hardpan	P = w/Hardpan
R = Red	S = Soft/Loose	L = Limestone/Dolomite	L = Limey or Dolomitic
P = Pink	N = Fine	H = Shale	H = Shaley
Y = Yellow			

E	=	Green	M	=	Medium	N	=	Sandstone	N	=	w/Sandstone
I	=	White	A	=	Coarse	J	=	Crystalline	J	=	w/Crystalline
			L	=	Fossiliferous	Q	=	Granite	Q	=	w/Granite
			X	=	Lensed/Streaked/ Layered	B	=	Basalt or Trap Rock	B	=	Basalt or Trap Rock
						A	=	Conglomerate	A	=	w/Conglomerate
			Q	=	Caving	T	=	Till	D	=	w/Glacial Material
			V	=	Non-Caving	F	=	Fill	T	=	w/Till
			W	=	Water Bearing	V	=	Alluvium	F	=	w/Fill
			J	=	Iron	U	=	Mud or Muck	V	=	Alluvial
			E	=	Clean	I	=	Soil-Organic	U	=	Muddy or Mucky
						O	=	Outwash	I	=	w/Soil-Organic
						X	=	Sand & Clay	O	=	w/Outwash
						Y	=	Sand & Gravel	R	=	w/Chert
						Z	=	Clay & Gravel	K	=	w/Broken Rock
						E	=	Peat	W	=	w/wood

REMOVE INSTRUCTIONS BEFORE COMPLETING FORM.

Dear Well Owner:

Congratulations on your new well! This is your copy of the well construction report and is an important record for your safekeeping.

The report has a pre-printed WISCONSIN UNIQUE WELL NUMBER. This is the lifetime identification number for your well. The water quality, geologic and well construction information on your well will be compiled for future use in analyzing any water quality changes in your well.

A bacteriological sample of your well water should have been taken at the time of construction and you should have received a copy of the result. If not, contact your well constructor.

Your well should be able to produce good quality drinking water for decades to come. You can help protect the quality of your drinking water with the following measures:

* Regularly check to make sure the well cap or seal and electrical connections are in place and tightly secured;
* Be sure surface water drainage is away from the well; and
* Avoid the use or storage of gasoline and lawn or agricultural chemicals near the well.

For further information, request a copy of the brochure, "You and Your Well."

Public health officers strongly advise sampling your water for bacteriological safety annually or after modifying the well in any way. The well water should also be tested when any change in taste, odor, color or appearance is noticed.

BACTERIOLOGY

The presence of coliform bacteria in well water shows that unfiltered, or poorly filtered surface water may have found its way into the well. This indicates that the water is potentially dangerous. You should test for bacteria annually or any time the well water changes in taste, odor, color, or appearance.

NITRATE

High levels of nitrate in water present a potential health problem for infants less than six months of age. Nitrate is converted to nitrite in the stomach of small infants. The nitrite then interferes with the blood's ability to carry oxygen. If the concentration of nitrate in water is sufficiently high, symptoms of suffocation or "blue baby syndrome" can occur. This effect is not seen in persons over six months of age. This test is recommended for all wells used for drinking water by children less than six months of age.

FLUORIDE

Knowledge of the level of naturally occurring fluoride will be useful to your dentist in prescribing a fluoride treatment program for children. This test is recommended only if your dentist has requested it.

ATRAZINE

Atrazine is the most commonly used pesticide in Wisconsin. If present in amounts above the advisory level in drinking water, atrazine may pose a cancer risk. Testing for atrazine is especially recommended for wells located in non-clay soils in corn producing areas. The Wisconsin State Laboratory of Hygiene can test your drinking water supply for the presence of this pesticide. You can request an Atrazine Test Kit by calling 800-442-4618.

Water samples can be tested at private laboratories, local public health department labs, or the State Laboratory of Hygiene. Contact any of these laboratories for a sample bottle, instructions and the charge per test.

REMEMBER: Be sure to include your well's WISCONSIN UNIQUE WELL NUMBER on all future water quality tests.

If you have questions or problems contact your well constructor, pump installer, local health department or the Department of Natural Resources.